

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/24/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967189	(X3) DATE SURVEY COMPLETED R 05/18/2017
NAME OF PROVIDER OR SUPPLIER PRINCETON VILLAGE OF PALM COAST	STREET ADDRESS, CITY, STATE, ZIP CODE 100 MAGNOLIA TRACEWAY PALM COAST, FL 32164	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments The deficiency was corrected by desk review.		